

MAR 25 1931

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

10752

1. PLACE OF DEATH

County Miller

Registration District No. 561

Township Eldon

Primary Registration District No. 4330

City Eldon

File No. 20

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

Length of residence in city or town where death occurred 11 yrs.

mos.

ds.

How long in U. S., if of foreign birth? 35 yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Oct 31, 1865

7. AGE

65 YEARS

4 MONTHS

2 DAYS

If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Bern Switzerland

FATHER

13. NAME

John Bealer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Switzerland

MOTHER

15. MAIDEN NAME

Mary Erenbacher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Switzerland

17. INFORMANT (ADDRESS)

Mrs A J Haynes Eldon Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Eldon - Mo

DATE 3-5

1931

19. UNDERTAKER (ADDRESS)

W. B. Phillips Eldon - Mo

20. FILED

3-5 1931 Belle Haynes

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

March 2, 1931

22. I HEREBY CERTIFY, That I attended deceased from

19 to March 2, 1931

I last saw him alive on March 2, 1931. Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

46B

Date of onset

Carcinoma of Stomach

Other contributory causes of importance

46B

Name of operation

Date of

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

E. J. Walker M. D.  
Eldon Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

